Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

10802700

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE OF			OTHER THAN	
TOTAL CLAIMS			26		٠			RATE	FEE	7	RATE	FEE
FC	DR .		NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TC	TAL CHARGE	ABLE CLAIMS	2,Cmir	nus 20=	* 6			XS 9=	54	OR	X\$18=	
INI	DEPENDENT C	LAIMS		nus 3 =	* ~			X43=		OR	X86=	
ΜL	JLTIPLE DEPEI	NDENT CLAIM P	RESENT					+145=		OR	+290=	
* If	the difference	e in column 1 is	ess than zero, enter "0" in column 2			olumn 2	L	TOTAL	439	OR	TOTAL	
	C	COlumn 1)	MENDED	ED - PART II (Column 2) (Column 3)				SMALL I	ENTITY	OR	OTHER SMALL	
	CLAIMS		HIG		EST		1 г		ADDI-	1 1		ADDI-
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	01.1114	=		X43=		OR	X86=	
L	FIRST PRESE	ENTATION OF MI	JUIPLE DEF	PENDENT	CLAIM		¹	+145=		OR	+290=	
									·	OR	TOTAL	
		Α	DDIT. FEE		,	ADDIT. FEE						
	-	(Column 1) CLAIMS		(Colum		(Column 3)	1 г		ADDI-	ı r		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL
	Total	*	Minus	##		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	<u> </u>	= .		X43=		OR	X86=	
	FINST PRESE	NTATION OF MU	JLIIPLE DEP	ENDENT	CLAIM		'	+145=		OR	+290=	
								TOTAL ODIT. FEE		OR ,	TOTAL ADDIT. FEE	•
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		or I	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		1	.000	
• 19	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR [+290=	
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								·	OR A	TOTAL DDIT. FEE	
		mber Previously Paid					r foun	d in the appi	opriate box	in colu	ımn 1.	